



PERSONAL DETAILS

(Please print in BLOCK CAPITAL LETTERS)

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	Student ID Number:
Family Name:	
Given Name:	
Course:	

I hereby authorise West Australian Institute of Further Studies to send my

Certificate type:

- | | |
|--|--|
| <input type="checkbox"/> Certificate I | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Certificate II | <input type="checkbox"/> Advanced Diploma |
| <input type="checkbox"/> Certificate III | <input type="checkbox"/> Statement of Attainment |
| <input type="checkbox"/> Certificate IV | <input type="checkbox"/> Other _____ |

By post to the following address:

Unit No:
Street Name:
State:
Country: Post Code:

I do understand WAIFS will not be responsible for any loss or damage in transition.

Signature: _____

Date: _____

Please Return:

By Post:
C/o – Student Services Manager
West Australian Institute of Further
Studies
2 Onslow Place, JOONDALUP
WA 6027 Australia

By Fax:
61 8 6200-6201

By email:
admissions@waifs.wa.edu.au

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